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| Docket Number                              |                   | LD0329 NP |
| FILING BY "EXPRESS MAIL" UNDER 37 CFR 1.10 |                   |           |
| EV 305485658 US                            | February 10, 2004 |           |
| Express Mail Label Number                  | Date of Deposit   |           |

**Address to:** Mail Stop Patent Application  
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P.O. Box 1450  
Alexandria, VA 22313-1450

## UTILITY PATENT APPLICATION TRANSMITTAL AND FEE SHEET

Transmitted herewith for filing under 37 CFR §1.53(b) is the utility patent application of

Applicant (or identifier): RAJEEV S. BHIDE

Title: INHIBITORS OF FARNESYL PROTEIN TRANSFERASE

Enclosed are:

1. ☒ Specification (Including Claims and Abstract) - **38** pages
2. ☐ Drawings - sheets
3. ☒ Unexecuted Declaration and Power of Attorney (original or copy)
4. ☐ Microfiche Computer Program (appendix)
5. Nucleotide and/or Amino Acid Sequence Submission
  - ☐ Computer Readable Copy
  - ☐ Paper Copy
  - ☐ Statement Verifying Identity of Above Copies
6. ☐ Preliminary Amendment
7. ☐ Assignment Papers (Cover Sheet & Document(s))
8. ☐ English Translation of
9. ☐ Information Disclosure Statement
10. ☐ Certified Copy of Priority Document(s)
11. ☒ Return Receipt Postcard
12. ☐ Other:

**Filing fee calculation:**

- ☐ Before calculating the filing fee, please enter the enclosed Preliminary Amendment.  
☐ Before calculating the filing fee, please cancel claims .

|                                       |                    |              |     |              |   |       |   |        |
|---------------------------------------|--------------------|--------------|-----|--------------|---|-------|---|--------|
| Basic Filing Fee                      |                    |              |     |              |   |       |   | \$ 770 |
| Multiple Dependent Claim Fee (\$ 290) |                    |              |     |              |   |       |   | \$     |
| Foreign Language Surcharge (\$ 130)   |                    |              |     |              |   |       |   | \$     |
|                                       | For                | Number Filed |     | Number Extra |   | Rate  |   |        |
| Extra Claims                          | Total Claims       | 14           | -20 | 0            | x | \$ 18 | = | \$     |
|                                       | Independent Claims | 4            | -3  | 1            | x | \$ 86 | = | \$ 86  |
| TOTAL FILING FEE                      |                    |              |     |              |   |       |   | \$ 856 |

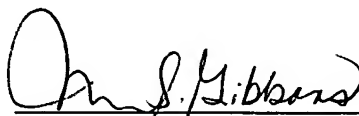
- ☒ Please charge Deposit Account No. 19-3880 in the name of Bristol-Myers Squibb Company in the amount of \$770. An additional copy of this paper is enclosed. The Commissioner is hereby authorized to charge any additional fees under 37 CFR §1.16 and §1.17 which may be required in connection with this application, or credit any overpayment, to Deposit Account No. 19-3880 in the name of Bristol-Myers Squibb Company.

Please address all correspondence to the address associated with Customer No. 23914, which is currently:

Stephen B. Davis  
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Please direct all telephone calls to the undersigned at the number given below, and all telefaxes to (609) 252-4526.

Respectfully submitted,



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Date: February 10, 2004